Sturdevant's The Sturdevant Group, LLC

2605 S Shirley Ave • Sioux Falls, SD 57106-4320

Application for Employment

The Sturdevant's Group, LLC including its affiliated companies, is an equal opportunity employer, and will not base hiring decisions on race, color, age, national origin, religion, marital status, disability or other protected status.

Personal							
Last Name:	First Name:		Middle Initial:				
Have you ever worked under another name? Yes No If yes, give name:		Were you referre			loyee? Yes	No	
Regular Address:	City:		State:	Zip:	Phone: ()	-	
Temporary Address:	City:		State:	Zip:	Phone ()	-	

Employment Related Information						
Position applied for:		When will you be available to work?				
Check the following options you would consid	ler:					
Part-Time Full-Time	Temporary	Willing to work overtime? Yes No				
List any days you are not available to work:		ly eligible for employment in the United States? (Proof of citizenship or to work in the United States will be required on employment.) No				
If you are under 18 years of age, can you Were you previously employed by this or an affiliated company?						
furnish a work permit? Yes No	Yes	No If yes, give dates & company:				
Have you ever been convicted of a felony, or pleaded no contest to F		Please rank in numerical order (1-4) your interest in these work assignments, with 1 being your first preference:				

Education & Training

High School:	Address:	Graduated:	
		Yes No	
College or University:	Address:	Major:	Degree/# years completed:
Vocational/Trade School	Address:	Subjects:	Completed: Yes No
Other:	Address:	Subjects:	Completed: Yes No

List any certificates, other education, knowledge, special technical or computer skills, and/or individual capabilities you have which especially prepare you for the position you have applied for:

Experience

period of unemployment of one month or n						
1. Name of Employer:		Type of Business:				
Address:	City:	State:	Zip:	Phone: () -		
Dates Employed: From: To:	Starting position		Ending po	Ending position:		
Supervisor's Name and Title:	May we contact this Employer? Yes No		Reason fo	Reason for Leaving:		
Brief Description of Job and Duties:						
2. Name of Employer:		Type of Business:				
Address:	City:	State:	Zip:	Phone: () -		
Dates Employed: From: To:	Starting position:		Ending position:			
Supervisor's Name and Title:	May we contact this Employer? Yes No		Reason for Leaving:			
Brief Description of Job and Duties:						
3. Name of Employer:		Type of Business				
Address:	City:	State:	Zip:	Phone: () -		
Dates Employed: From: To:	Starting position:		Ending position:			
Supervisor's Name and Title:	May we contact this Employer? Yes No		Reason fo	Reason for Leaving:		
Brief Description of Job and Duties:	•					

Reference

List three persons known, but not related to you, who will provide a character reference:						
Name	Title	Business Name/Address	Relationship to you	Phone Number:		

I have answered all questions to the best of my ability. If employed, I realize false, misleading or incomplete information I give or withhold on this application or during my interview(s) or at any other time during the hiring process may disqualify me from employment or may lead to my discharge once I have been hired.

I agree that any employment relationship with this Company will be of an "at-will" nature, meaning I may resign at any time and the company may discharge me at any time, with or without cause and with or without prior notice. I understand that this "at-will" employment relationship may not be changed by any written document, oral statement or conduct unless the change is specifically acknowledged in writing by the Company's President. I understand that any oral or written statements that differ from this explanation of the "at-will" nature of employment at this Company are expressly disavowed and I understand that I should no rely on such statements. If required by the position applied for, I understand I may have to undergo physical examinations, drug screenings, ability tests or other tests during the application process or after a conditional offer of employment is extended.

I understand that the Company will perform a reference check before considering my for employment; if an offer is extended, I understand the Company may also conduct a background check and, depending on the position, may conduct drug testing. I authorize this Company to: (1) Investigate the truthfulness of all statements made on this application; (2) Contact my former employers and other listed references or any other persons who can verify information; (3) Discuss the results of any investigation with other employees of the Company involved in the hiring process. I give my consent for all contacted persons, firms and corporations, including former employers, to provide information concerning this application, and I release each such person, firm or corporation from liability for providing information to the Company. I also release The Sturdevant's Group, LLC. and it's representatives from liability for seeking this information.

I agree to conform to the policies, work rules and procedures of The Sturdevant's Group, LLC including affiliated companies, if I am hired.

Date:

Signature: _